



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

**RECEIVED**

By Carol Day at 10:43 am, Nov 05, 2015

red.

Complete this report in duplicate at the time of the regular monthly preventative maintenance. Send copy to Department of Health and Senior Services; retain original in department.

ALCO SENSOR IV SN  
107989

PRINTER SN  
099.3586.794

DATE OF INSPECTION  
11/02/2015

LOCATION OF INSTRUMENT (STREET AND CITY)  
1700 US Hwy. 67 Florissant Missouri 63031

TIME OF INSPECTION  
8:31 am

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER INTOXIMETERS LOT # AG332301 EXP. DATE 11/19/2015

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP DATE

☒ CALIBRATION CHECK -- (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .100

TEST 2 .101

TEST 3 .100

☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Instrument working within D.O.H. guidelines.

**INSPECTING OFFICER**

SIGNATURE

*Steven Michael*

PRINT NAME

Steven Michael

TYPE II PERMIT NUMBER/EXPIRATION DATE  
250054 2/20/2017

TELEPHONE NUMBER  
(314) 831-7000

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 66901



Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

## Certificate of Analysis

Customer Name  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Test Date: 20-Nov-2013

Lot # AG332301

Exp. Date  
19-Nov-2015

Cyl. Type  
108

Component  
Ethanol  
Nitrogen

Certified Concentration  
0.100  $\pm$  2% BrAC (272 ppm)  
Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:


<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm
EB0010570	259.8 ppm
EB0010285	209.0 ppm
EB0010561	103.7 ppm
EB0010681	52.22 ppm

<u>Serial No.</u>	<u>Concentration</u>
EB0010603	392.5 ppm
EB0010559	258.9 ppm
EB0010595	208.9 ppm
EB0010562	104.9 ppm
EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Date: 2013.11.20 15:33:36 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst: \_\_\_\_\_

  
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00121

Temp Date Time 210L

Air Blank:  
11/02/15 08:31 .000  
Calibration Check:  
22 11/02/15 08:31 .100

Subject Name

*Maint.*

Subject I.D.

*578*

Operator Name, I.D.

*Michael*

Location

*1700 US 67*

*Flouissant MO 63031*

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00122

Temp Date Time 210L

Air Blank:  
11/02/15 08:35 .000  
Calibration Check:  
22 11/02/15 08:35 .101

Subject Name

*Maint.*

Subject I.D.

*578*

Operator Name, I.D.

*Michael*

Location

*1700 US 67*

*Flouissant MO 63031*

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00123

Temp Date Time 210L

Air Blank:  
11/02/15 08:37 .000  
Calibration Check:  
23 11/02/15 08:37 .100

Subject Name

*Maint.*

Subject I.D.

*578*

Operator Name, I.D.

*Michael*

Location

*1700 US 67*

*Flouissant MO 63031*

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00124

Temp Date Time 210L

VOID: RFI  
12 11/02/15 08:39

Subject Name

*Maint.*

Subject I.D.

*578*

Operator Name, I.D.

*Michael*

Location

*1700 US 67*

*Flouissant MO 63031*

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00126

Temp Date Time 210L

Air Blank:  
11/02/15 08:43 .000  
Subject Test: Man  
23 11/02/15 08:43 .000

Subject Name

*Michael*

Subject I.D.

*578*

Operator Name, I.D.

*Michael*

Location

*1700 US 67*

*Flouissant MO 63031*



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

2

PERMIT  
TYPE II

STEVE MICHAEL

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):


**ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 2/20/2015

NUMBER 250054

EXPIRES 2/20/2017

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
acting director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 550-0771 (6-10)

LAB-4 (PG-10)

STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcohol's content in breath form of expired air in Missouri.*



Operator MICHAEL, STEVE  
Permit No 250054  
Date Issued 2/20/2015 Date Expires 2/20/2017